

ctor's Signature:

CBS

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: March 13, 2010

Employee Name:		Sunday 03/07/10	Monday 03/08/10	Tuesday 03/09/10	Wednesday 03/10/10	Thursday 03/11/10	Friday 03/12/10	Saturday 03/13/10
Hett,Kate <i>Kate Hett</i> Employee Signature	Day: In - Out		045	2045 (4)	2045 (4)	2045 (4)	2045 (4)	310
	Lunch: Out - In		1200	1230		1200	1230	1230
	Outside Duty: From - To				School 30f 840 1225			
nent exceptions or comments, indicate type and it.								
han,Annie <i>Annie han</i> Employee Signature	Day: In - Out		6:45	320	6:45	315	6:45	320
	Lunch: Out - In		1200	1230	1200	1230	1200	1230
	Outside Duty: From - To							
nent exceptions or comments, indicate type and it.								
n, Stacey <i>Stacy</i> Employee Signature	Day: In - Out		8:15	4:15	8:40	4:40	7:40	3:40
	Lunch: Out - In		12:00	12:30	12:00	12:30	12:00	12:30
	Outside Duty: From - To							
nent exceptions or comments, indicate type and it.								SIC 7.5
a,Daniela <i>Daniela</i> Employee Signature	Day: In - Out			6:45	2145	6:45	2:45	6:45
	Lunch: Out - In			1:10	1:40	12:30	1:00	12:15
	Outside Duty: From - To							12:45
nent exceptions or comments, indicate type and it.								

ctor's Signature:

CBS

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048 - Boston Drug Lab

Week Ending: March 13, 2010

Employee Name:		Sunday 03/07/10	Monday 03/08/10		Tuesday 03/09/10		Wednesday 03/10/10		Thursday 03/11/10		Friday 03/12/10		Saturday 03/13/10	
Mr. Lisa 000 <i>Lisa Moyer</i> Employee Signature	Day: In - Out		6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45		
	Lunch: Out - In		12:00	12:30	12:00	12:30	12:00	12:30	12:00	12:30	12:00	12:30		
	Outside Duty: From - To													
Employee exceptions or comments, indicate type and detail.														
Mr. Michael 000 <i>Michael Parker</i> Employee Signature	Day: In - Out		8:00	4:00	8:00	5:00	7:40	2:40	8:00	4:00	7:50	3:50	7:15	3:45
	Lunch: Out - In		2:35	3:05	2:35	2:50	1:00	1:30	2:30	3:00	1:40	2:10	1:30	2:00
	Outside Duty: From - To													
Employee exceptions or comments, indicate type and detail.														
Ms. Nicole 000 <i>Nicole E. N.</i> Employee Signature	Day: In - Out		7:40	3:50	8AM	3:30	7:30	3:30	7:30	3:30	7:50	3:50	7:10	3:10
	Lunch: Out - In		12	12:30	12	12:30	12	12:30	12	12:30	12	12:30	12	12:30
	Outside Duty: From - To													
Employee exceptions or comments, indicate type and detail.														
Ms. Elisabeth 000 <i>Elisabeth B.</i> Employee Signature	Day: In - Out		7:45	5:00	7:45	2:25	7:40	4:26	7:30	3:30	7:30	3:30		
	Lunch: Out - In		11:50	12:30	11:30	12:00	11:30	12:00	11:30	12:00	11:30	12:00		
	Outside Duty: From - To													
Employee exceptions or comments, indicate type and detail.														
CEH 1.0 ✓ VAC 1.0 ✓ COM 1.0 ✓ + 1.0 com														

ctor's Signature:

CBS

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: March 13, 2010

Employee Name:		Sunday 03/07/10		Monday 03/08/10		Tuesday 03/09/10		Wednesday 03/10/10		Thursday 03/11/10		Friday 03/12/10		Saturday 03/13/10	
Is, Gloria <i>Karen Phillips</i> Employee Signature	Day: In - Out			8:35	4:35	9:00	5:00	8:50	4:58						
	Lunch: Out - In			12:10	12:40	12:10	12:48	12:00	12:30						
	Outside Duty: From - To														
ment exceptions or comments, indicate type and int.										CMT 7.5		SIC 7.5			
Peter <i>Cat Bow</i> Employee Signature	Day: In - Out			7:05	3:05	7:30	1:30			7:30	3:30	7:15	3:15	6:45	2:45
	Lunch: Out - In			12:30	1:00					12-12:30	12-12:30	12-12:30	12-12:30	12:00	12:30
	Outside Duty: From - To														
ment exceptions or comments, indicate type and int.									VAC 1.5	SIF 7.5					OT 7.5
Bzowski, Daniel <i>D. Bzowski</i> Employee Signature	Day: In - Out			6:45	2:45	6:45	2:45	6:45	2:45	7:05	3:05	7:10	3:10		
	Lunch: Out - In			12:00	1:30	12:45	1:15	12:15	1:45	1:00	1:30	1:00	1:30		
	Outside Duty: From - To			Dedham Sup	Sup	Sup	Sup								
ment exceptions or comments, indicate type and int.															
Fiders, Della <i>F. Fidurawicz</i> Employee Signature	Day: In - Out			6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45
	Lunch: Out - In			1:15	2:15	1:15	1:45	1:30	2:00	1:10	1:40	1:10	1:40	1:00	1:30
	Outside Duty: From - To														
ment exceptions or comments, indicate type and int.										VAC 3.0		OT 7.5			

ctor's Signature:

CBS

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: March 13, 2010

Employee Name:		Sunday 03/07/10		Monday 03/08/10		Tuesday 03/09/10		Wednesday 03/10/10		Thursday 03/11/10		Friday 03/12/10		Saturday 03/13/10	
Lue, Shirley 000 <i>DLS</i>	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
Employee exceptions or comments, indicate type and amount.		VAC 7.5 ✓		VAC 7.5 ✓		VAC 7.5 ✓		VAC 7.5 ✓		VAC 7.5 ✓		VAC 7.5 ✓			
Zhi 1000 <i>ZHJ</i>	Day: In - Out			6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45
	Lunch: Out - In			11:45	12:15	11:45	12:15	11:45	12:15	11:45	12:15	11:45	12:15	11:45	12:15
	Outside Duty: From - To														
Employee exceptions or comments, indicate type and amount.														OT 7.5 ✓	
Mai 1000 <i>Mai</i>	Day: In - Out			7:45	1:45			8:30	2:30			7:15	1:15		
	Lunch: Out - In														
	Outside Duty: From - To														
Employee exceptions or comments, indicate type and amount.								1 VAC ✓							
Folk 1000 <i>Folk</i>	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
Employee exceptions or comments, indicate type and amount.															

or's Signature:

Employee signatures on this time sheet certify the employee has performed the work associated with the unit(s) listed."

Time Log/Program / Area: Drug Analysis Lab Boston

ee Name:

ni Charles
1000

Salem
ee Signature

Week Ending:

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day: In - Out			930 605		945 605	955 1015	945 600	
Lunch: Out - In			1200 1250		1205 1255	1205 100	12 1245	
Outside Duty: From - To								

nt exceptions or comments, indicate type and

MOSCS
7.5

ee Signature

nt exceptions or comments, indicate type and

ee Signature

nt exceptions or comments, indicate type and

ee Signature

nt exceptions or comments, indicate type and

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 3/13/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: C. Salem Date: 3/9/10

Department Head: Julie Karpf Date: 3/9/10

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lowke	120459	7.5 hrs			
Pete Piro	138674	7.5 hrs			
Nicole Malina	385766	7.5 hrs			
Della Saunders	147387	7.5 hrs			
Zhi Tan	1481724	7.5 hrs			